



Minutes from Collaboration/Communication Subgroup
December 6, 2005

Committee Members Present: Leska Meeler, King's Ranch; Penny Kakoliris, Southern Oaks Center; Dr. Jim Wright, Childhaven; Faye Nelson, DHR Directors' Association; Linda Stephens, SDHR ORM Service Utilization Review; Sandra Edwards, Specialized Alternatives for Families and Youth (SAFY); Gary Mitchell, SDHR ORM; Betty Ziri, SDHR Family Services; Margaret Bonham, SDHR Family Services; Michelle Grabarczyk, Youth Villages; Reba Cantrell, SDHR Family Services (representing Paul Butler)

Agenda:

- Explanation of Continuum Process
- Focus: Collaboration and communication between the department, stakeholders and families receiving services from a continuum of care provider
- Submission of Recommendations

The group was apprised of the process for the development of continuum of care services for the families of Alabama including the inclusion of the Child Welfare League of America (CWLA) in the process. The purpose of the development of continuums is the accomplishment of permanency for children in a more-timely manner. This need as been identified through State QA reviews, as well as the Federal Review.

The committees that have met prior to this committee are Populations, Services, Program Design, Special Considerations and Barriers. A final committee, the Cost Committee, will meet at a later date. The timeline for the development of continuums was also presented to the committee.

Committee Work:

This committee understood that its charge was to look at the need for communication to ensure that families moved through the continuum smoothly and that services were provided at a level of need for no longer than the need existed at that level.

NOTE: It was evident that the committee felt that the ISP should drive practice but that the timeliness or lack thereof could be a significant barrier in the success of continuum services.



The committee also took the charge of the discussion of roles and responsibilities of the continuum providers and DHR in the provision of services.

Roles and Responsibilities

- A conflict resolution process must be in place. There should be a clear delineation of the rules required by the Department ahead of time. Conflicts should be resolved at the county level when possible. The process, where Child Welfare Consultants are drawn into a case where conflicts at the local level can not be resolved, was discussed. It was suggested that there should be a mapping of current processes for conflict that work prior to the development of some new process. The process that is finalized could be an integration of existing processes. It was discussed that conflicts may be expected from 10 to 30% of cases. The group felt that if there were clear expectations ahead of time, this number may be significantly reduced. It was felt the use of a standardized assessment tool, the Multi-dimensional Assessment Tool (MAT), will reduce the subjectivity of when a child is ready to move up or down in the continuum.
- There must be a community education piece in the successful implementation of continuums. It was recommended that the department have an extensive plan to educate the Courts, education agencies, child advocacy groups, consumers, other stakeholders and even county DHR staff on the implementation and expected outcomes of continuum services. It was felt that the success of continuums will depend upon early 'buy-in' and an understanding of how continuums will impact each of the groups in the previous list. It was suggested that DHR could present the continuum process to the Court at its winter meeting, coordinated through the Alabama Juvenile Judges Association. It was also suggested that counties coordinate lunch meetings with education providers at the local to explain the new way of providing services to children and families. It was recommended that SDHR involve other State agencies in the planning. At a minimum other agencies should know about the information posted on DHR's web page. It was also recommended that the provider meetings that have been scheduled on the timeline be opened up for attendance by representatives of the Court, other State agencies, Children's Policy Councils, Multi-Needs, AFAPA and individual providers, who provide services locally via an 1878 authorization. It was also recommended that DHR develop a Continuum Fact Sheet, which clearly explains continuum services, to be handed out at the county level.
- There should be an intense assessment of training needs and issues prior to the implementation of continuums. The department and providers should collaborate on the readiness of service providers. There should be additional

Continuums of Care



training of DHR staff on how to insure that there are focused goals and steps in the Individualized Service Plan (ISP), including the identification of outcomes and milestones that must be achieved prior to a change in service intensity within the continuum. It was suggested that there be joint training of line DHR staff and community providers to ensure that all hear the same message so that a singleness-of-mind can be enhanced. It was suggested that DHR staff has the understanding that permanency for children is the goal of the Department and that training should be adequate for that end. There was a suggestion that line staff receive additional training on the development of realistic permanency goals for children.

- There must be clear definitions for such terms as safe return home and moves, for example. It was brought to the group's attention that the Federal agency looks at stability of placement and that continuums should not cause a significant increase in the number of moves. It was noted that a move in service intensity would not be considered a physical move, unless there was a change in the physical placement of the child. **NOTE: A move within the continuum may not really be a 'move'.** The case management issue in making decisions about moves was discussed. It reiterated that the timeliness of ISP's is critical. It was discussed that providers might have the leverage to change a level of service or move a child, if the ISP team is convened within 72 hours. It was also suggested that the portion of the Managed Care Model that requires a justification for keeping a child at a certain level be evaluated to determine if it can be incorporated into decision-making.
- It was highly suggested that there be consumer involvement in the development of continuums. The recommendation that there be focus groups with families and with youth, who are currently in the system and also those who have exited the system, to get their input on how to improve service delivery. It was suggested that the ILP Youth Advisory Council may be a good place to start with youth involvement in the planning. It was also suggested that AACCA or AFAPA could provide a list of children that could make recommendations. It was recommended that this youth group talk about how 'moves' affects children in order to minimize any negative effects that movement within the continuum may produce.

Collaboration of services

- Positive results of continuums were discussed. It was suggested that continuum providers will be able to handle many of the crises that happen during the life of a case, thereby allowing DHR child welfare workers to look at the overall outcomes for the families in their caseloads.



- Provider collaboratives were discussed. It was noted that all providers who come together to form a collaborative or enter into a sub-contracting arrangement must share the same philosophy.

Dr. Wright shared that he had heard of three different ways that providers may look at case management within their continuum system:

1. Permanency plan drives decision-making (e.g. if the permanency plan is to return home, the in-home service portion of the continuum would weigh the heaviest in decision-making as to the readiness of the family for the child to return home.
2. A single worker is assigned to the child and family regardless the placement to ensure a continuity of services and focus in planning.
3. Individual workers will provide their services according to expertise with a single case manager for the family to ensure a continuity of service and focus in planning.

The coordination of placement providers and in-home service providers was discussed. There was a recommendation that there be some certification so continuum providers would know if in-home providers were meeting DHR standards or if there had been any concerns about their services.

- Collaboration in providing traditional foster care was discussed. The possibility of continuum providers' using DHR foster homes was suggested as a plan, as long as DHR and providers assumed shared risks for the children in the homes. It was also recommended that continuum providers be able to accomplish foster care adoptions where the homes are approved by the provider and to also recruit for children that do not have foster parent adoption as their goal. The use of foster homes with varying levels of service were discussed. It was suggested that foster homes be approved for all children that need a foster home setting but that wrap around services to the children in the home would be based on the individual needs of children. This would take care of the reluctance of foster families to step down with children. It was noted that the Therapeutic Foster Care Manual would have to be updated to meet some of the requirements of the continuum.